



**Section 4**

Indicate Jurisdiction(s) to which you are **applying** to be licensed/registered.

Please indicate whether you are acting as an **Agent (A)** or a **Broker(B)**.

	AL		CT		ID		ME		MT		NC		RI		VA
	AK		DC		IL		MD		NE		ND		SC		WA
	AS		DE		IN		MA		NV		OH		SD		WV
	AZ		FL		IA		MI		NH		OK		TN		WI
	AR		GU		KS		MN		NJ		OR		TX		WY
	CA		GA		KY		MS		NM		PA		UT		
	CO		HI		LA		MO		NY		PR		VT		

Indicate Jurisdiction(s) to which you are **currently** licensed/registered.

Please indicate whether you are acting as an **Agent (A)** or a **Broker(B)**. If None, indicate N/A \_\_\_\_\_

	AL		CT		ID		ME		MT		NC		RI		VA
	AK		DC		IL		MD		NE		ND		SC		WA
	AS		DE		IN		MA		NV		OH		SD		WV
	AZ		FL		IA		MI		NH		OK		TN		WI
	AR		GU		KS		MN		NJ		OR		TX		WY
	CA		GA		KY		MS		NM		PA		UT		
	CO		HI		LA		MO		NY		PR		VT		

Indicate Jurisdiction(s) to which **at any time you were licensed/registered to conduct business.**

Please indicate whether you are acting as an **Agent (A)** or a **Broker(B)**. If None, indicate N/A \_\_\_\_\_

	AL		CT		ID		ME		MT		NC		RI		VA
	AK		DC		IL		MD		NE		ND		SC		WA
	AS		DE		IN		MA		NV		OH		SD		WV
	AZ		FL		IA		MI		NH		OK		TN		WI
	AR		GU		KS		MN		NJ		OR		TX		WY
	CA		GA		KY		MS		NM		PA		UT		
	CO		HI		LA		MO		NY		PR		VT		

**Section 5**

**Items 1 & 2 are to be submitted by viatical Agent**

**Items 1 – 5 are to be submitted by viatical Broker**

1. Completed Viatical Agent/Broker declaration form.
2. Proof of licensure as an Indiana life producer per IC 27-1-15.5.
3. Copy of viatical settlement contract in accordance with IAC 760 1-61-6 with corresponding checklist.
4. Copy of disclosure forms per IC 27-8-19.8-23 and 760 IAC 1-61-7 with corresponding checklist.
5. Copy of brochure describing the viatical or life settlement process per IC 27-8-1938-23.

**Please read the following very carefully and answer every question:**

1. Has the applicant or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?

Yes \_\_\_ No \_\_\_

*"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo-contendre, or having been given probation, a suspended sentence or a fine. If you answer yes, you must attach to this application:*

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the applicant or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

Yes \_\_\_ No \_\_\_

*"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee. If you answer yes, you must attach to this application:*

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding?

Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer yes, you must attach to this application:

Yes \_\_\_ No \_\_\_

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct? If you answer yes, you must attach to this application:

Yes \_\_\_ No \_\_\_

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

**Section 7**

**Certification and Attestation**

I hereby certify that, under penalty of perjury, all of the information submitted in this declaration and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license/registration revocation or denial of the license or registration and may subject me to civil or criminal penalties.

I acknowledge that I understand and will comply with the laws and regulations of the State of Indiana and that I will operate in accordance with the provisions of Viatical Settlements IC 27-8-19.8 and 760 IAC 1-61-1.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Full Legal Name

**Notarized**

State of \_\_\_\_\_ )

)SS:

County of \_\_\_\_\_ )

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_, Notary Public

My commission expires \_\_\_\_\_

**Forward to:**

Company Admission Coordinator  
Indiana Department of Insurance  
311 W. Washington St. Suite 300  
Indianapolis IN 46204